

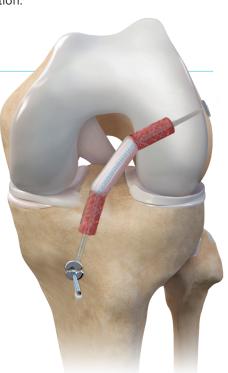
BioACL[™] **Technique**

Product Highlight

The BioACL $^{\text{\tiny{M}}}$ augmentation procedure combines the Quadlink $^{\text{\tiny{M}}}$ procedure with the *Internal*Brace $^{\text{\tiny{M}}}$ technique with the power of biologics to maximize the healing potential of an ACL reconstruction.

Features and Benefits

- Customized concentrated platelet-rich plasma (cPRP) from bone marrow aspirate (BMA) processed using the Angel® system introduces a rich source of platelets and nucleated progenitor cells to the ACL bone tunnels.
- AlloSync[™] Pure demineralized bone matrix (DBM) maximizes osteoinduction for bone remodeling and is an optimal scaffold for cPRP from BMA. AlloSync Pure DBM resists irrigation and can be used in a fluid environment when hydrated.
- During tunnel drilling, the GraftNet[™] device can easily collect resected autograft bone, which can be used to make a biologically compatible composite bone graft.
- Compared to a standard ACL reconstruction, the BioACL technique leads to improved range of motion, better limb symmetry, and reduced bone tunnel widening.¹



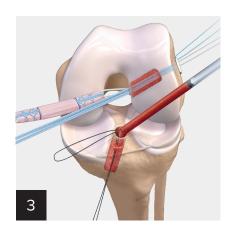
Surgical Technique



Begin by harvesting BMA from the proximal tibia. Collect the autologous bone graft from the ACL tunnels using the GraftNet device.



Mix the collected autologous bone with 5 cc of AlloSync Pure DBM and 3 cc of cPRP from BMA processed with the Angel system to create the BioACL composite graft.



Deliver the BioACL composite graft to completely fill the femoral and tibial tunnels.

Ordering Information

Product Description	Item Number
GraftNet™ autologous tissue collector	ABS- 1050
GraftNet™ XL bone collection device	ABS- 1052
AlloSync™ Pure DBM, 5 cc	ABS- 2010-05
BioXpress™ graft delivery device, angled-tip,15 cm	ABS- 10053-15-45
Angel® BMA processing kit w/ Vortex™ threaded recovery needle, closed-tip, 13 ga, w/ ACD-A	ABS-10062K-TH13CTA
Angel BMA processing kit w/ Vortex threaded recovery needle, open-tip, 13 ga, w/ ACD-A	ABS- 10062K-TH13OTA
Angel cPRP and BMA tray	ABS- 10062T
BioSurge™ II system, 5 cc AlloSync Pure DBM, w/ Angel cPRP and BMA tray	ABS- 2016-02
ACL FiberTag® TightRope® implant, for <i>Internal</i> Brace™ technique	AR- 1588RTT2-IB
ACL FiberTag TightRope ABS implant	AR- 1588TNT2
TightRope ABS button, round, concave, 11 mm, for <i>Internal</i> Brace technique	AR- 1588TB-3IB
TightRope ABS button, round, concave, 14 mm	AR- 1588TB-4
TightRope ABS button, round, concave, 17 mm	AR- 1588TB-17
TightRope ABS button, round, concave, 20 mm	AR- 1588TB-5
Implant system, secondary fixation w/ PEEK SwiveLock® anchor, 4.75 mm × 19.1 mm	AR- 1593-P
Implant system, secondary fixation w/ BioComposite SwiveLock anchor, 4.75 mm × 19.1 mm	AR- 1593-BC

Reference

1. Lavender CD, Schaver AL, Taylor S, et al. Anterior cruciate ligament reconstruction augmentation with bone marrow aspirate concentrate, demineralized bone matrix, and suture tape shows no difference in outcomes—but faster functional recovery—versus non-augmented anterior cruciate ligament reconstruction. *Arthroscopy.* 2024;S0749-8063(24)00492-4. doi:10.1016/j.arthro.2024.06.042

The Internal Brace surgical technique is intended only to augment the primary repair/reconstruction by expanding the area of tissue approximation during the healing period and is not intended as a replacement for the native ligament. The Internal Brace technique is for use during soft tissue-to-bone fixation procedures and is not cleared for bone-to-bone fixation.



